

Day Camp Registration

Camper's Name: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade 10/11: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emai: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Health information:

Name of Insurance Company: \_\_\_\_\_

Name of person with policy: \_\_\_\_\_

Insurance number: \_\_\_\_\_

Phone # of Insurance Company: \_\_\_\_\_

Immunization:                    A) DPT Permanent Shots (series of 3)    yes/No

    B) Polio Immunization:                    Yes/No

    C) Date of last tetanus booster: \_\_\_\_\_

Skin Diseases: Yes/No if yes, please explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_